



Child's Name:

DOB:

() MALE () FEMALE

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Parent's Name:

Contact Number:

Parent's Name:

Contact Number:

School:

School Supervision Times:

MEDICAL INFORMATION

Medications:

Allergies:

Surgeries:

OTHER SPECIAL INSTRUCTIONS:

EMERGENCY CONTACT:

Phone Number:

CONSENT FORM

I, _____ give permission to Shuttle Fly LLC to transport my child/children, _____ from _____ to _____ on _____. To ensure routes run smoothly it is my obligation to make sure my child/children know and abide by all rules and safety regulations while being serviced.

- ☐ Safety seat belts or car seats must be properly worn
- ☐ Fees are to be paid PRIOR to any services being rendered
- ☐ An ETA will be given to ensure riders are ready when drivers arrives at the contact information given above
- ☐ Drivers will text when they are on the way (approximately 15 minutes away) and when they're almost there (approximately 3 minutes away)

- ☐ Once the driver arrives the riders have TWO minutes to come out, this is to ensure everyone gets to where they need to be in a timely manner. If rider exceeds the allotted time, drivers can leave and fees will still apply.
- ☐ Emergencies are inevitable therefore a courtesy call/text about any change of plans (i.e. rider left school early or rider not attending school) with normal route is required. If driver is not notified at least two hours before scheduled route fees will still apply although services aren't provided.
- ☐ Headphones are recommended if listening to phones or tablets while being serviced

Signature

Date

Forms of payment accepted:

Cash, Cash App- \$ShuttleFly, Google Wallet- ShuttleFly850@gmail.com